

| <b>ORDER FOR SUPPLIES OR SERVICES</b><br>(Contractor must submit four copies of invoice.)   |  |   |                    |   |  | Form Approved<br>OMB No. 0704-0187<br>Expires Jun 30, 1997 |  | PAGE 1 OF<br><b>3</b>      |   |  |            |  |
|---|--|---|--------------------|---|--|--|--|----------------------------|---|--|------------|--|
| Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503. |  |   |                    |   |  |  |  |                            |   |  |            |  |
| <b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b><br><b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>  |  |   |                    |   |  |  |  |                            |   |  |            |  |
| 1. CONTRACT/PURCH ORDER NO.<br><b>N00104-01-G-0851</b>  |  | 2. DELIVERY ORDER NO.<br><b>UB58</b>  |                    | 3. DATE OF ORDER (YYMMDD)<br><b>2004 SEP 10</b>   |  | 4. REQUISITION/PURCH REQUEST NO.<br><b>NPE04189000294</b>  |  | 5. PRIORITY<br><b>DOA2</b> |   |  |            |  |
| 6. ISSUED BY<br><b>Defense Supply Center Columbus<br/>P.O. Box 3990<br/>Columbus, OH 43218-3990<br/>Local Administrator: PAABCAG (614)692-2945 / FAX: (614)692-1238<br/>E-mail: Ellen.L.Williams@dla.mil</b>  |  |   | CODE <b>SP0900</b> |   | 7. ADMINISTERED BY (If other than 6)<br><b>DCMC BOEING ST LOUIS<br/>M/C 3061355<br/>P O BOX 516<br/>ST LOUIS, MO 63166-0516</b>                            |  |  | CODE <b>S2606A</b>         |   |  |            |  |
| 9. CONTRACTOR<br><b>MCDONNELL DOUGLAS CORPORATION A<br/>WHOLLY OWNED SUBSIDIARY OF THE<br/>J.S. MCDONNELL BLVD. P.O. BOX 516<br/>SAINT LOUIS MO 63166-0516<br/>Vendor's Copy was sent EDI. Do not Duplicate shipment.</b>   |  |   | CODE <b>76301</b>  |   | FACILITY CODE  |  | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD)<br><b>445 DAYS ARO</b> |                            | 8. DELIVERY FOB<br><input type="checkbox"/> DEST<br><input checked="" type="checkbox"/> OTHER<br>(See Schedule if other)                          |  |            |  |
| NAME AND ADDRESS  |  |   |                    |   |  |  | 12. DISCOUNT TERMS<br><b>NET 30 days</b>                           |                            | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |  |            |  |
|   |  |   |                    |   |  |  | 13. MAIL INVOICES TO<br><b>See Block 15</b>                        |                            |   |  |            |  |
| 14. SHIP TO<br><b>See Schedule - Do Not Ship to Address in Block 6</b>  |  |   | CODE               |   | 15. PAYMENT WILL BE MADE BY<br><b>HQ0339 DFAS COLUMBUS CENTER<br/>WEST ENTITLEMENT OPERATIONS<br/>P O BOX 182381<br/>COLUMBUS OH 43218-2381<br/>EFT: T</b> |  |  | CODE <b>HQ0339</b>         |   | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER |            |  |
| 16. TYPE OF ORDER   |  | DELIVERY <input checked="" type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.<br>PURCHASE <input type="checkbox"/> Reference your <b>offer dated 2004 SEP 08</b> and furnish the following on terms specified herein.<br><b>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</b> |                    |   |  |  |  |                            |   |  |            |  |
| NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____<br>If this box is marked, supplier must sign Acceptance and return the following number of copies: _____   |  |   |                    |   |  |  |  |                            |   |  |            |  |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE<br><br><b>EG: 97X4930 5CE0 001 26.0 S33150</b>  |  |   |                    |   |  |  |  |                            |   |  |            |  |
| 18. ITEM NO.  |  | 19. SCHEDULE OF SUPPLIES/SERVICE  |                    |   | 20. QUANTITY ORDERED/ACCEPTED*   |  | 21. UNIT   |                            | 22. UNIT PRICE  |  | 23. AMOUNT |  |
|   |  | <b>Remarks:<br/>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>  |                    |   | <b>TOTAL:<br/>6</b>  |  |  |                            |   |  |            |  |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.  |  |   |                    | 24. UNITED STATES OF AMERICA  |  |  |  | 25. TOTAL                  |   | <b>\$ 396.72</b>   |            |  |
| 26. QUANTITY IN COLUMN 20 HAS BEEN  |  |   |                    | 27. SHIP. NO.   |  |  |  | 28. D.O. VOUCHER NO.       |   | 29. DIFFERENCE   |            |  |
| <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED<br>_____ DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____  |  |   |                    | <input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                                      |  |  |  | 32. PAID BY                |   | 30. INITIALS   |            |  |
| 36. I certify this account is correct and proper for payment.   |  |   |                    | 31. PAYMENT   |  |  |  |                            |   | 33. AMOUNT VERIFIED CORRECT FOR                            |            |  |
| _____ DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____  |  |   |                    | <input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL |  |  |  |                            |   | 34. CHECK NUMBER   |            |  |
| 37. RECEIVED AT   |  | 38. RECEIVED BY (Print)   |                    | 39. DATE RECEIVED (YYMMDD)  |  | 40. TOTAL CONTAINERS                                       |  | 41. S/R ACCOUNT NUMBER     |   | 42. S/R VOUCHER NO.  |            |  |

## CONTINUATION SHEET

Order Number:

N00104-01-G-0851-UB58

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## SECTION B

PR NPE04189000294  
NSN 1420-01-029-9479

## ITEM DESCRIPTION:

TUNNEL-BOOSTER WIRE

CRITICAL APPLICATION ITEM

MCDONNELL DOUGLAS CORPORATION A (76301) P/N 642AS0300

| <u>ITEM</u>                    | <u>PR</u>      | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|--------------------------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001                           | NPE04189000294 | 0001        | 6               | EA          | \$66.12000        | \$396.72      |
| QTY VARIANCE: PLUS 0% MINUS 0% |                |             |                 |             |                   |               |
| INSPECTION POINT: ORIGIN       |                |             |                 |             |                   |               |
| ACCEPTANCE POINT: ORIGIN       |                |             |                 |             |                   |               |

## PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999

QUP = 001: PRES MTHD = ZZ: CLNG/DRY = X: PRESV MAT = XX:

WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:

UNIT CONT = XX: OPI = O:

INTRMDTE CONT = XX: INTRMDTE CONT QTY = XXX:

PACK CODE = U:

MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.

SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.

## SUPPLEMENTAL INSTRUCTIONS

PRESERVATION AND PACKAGING SHALL BE IAW THE  
LATEST REVISION OF MILITARY SPECIFICATION:  
MIL-E-17555, FOR ELECTRONIC EQUIPMENT.

WHEN ZZ IS THE METHOD OF PRESERVATION, USE LEVEL  
'A' PRESERVATION AS CITED IN THE COMMODITY  
SPECIFICATION.

For all shipments of packaged materiel to the government, which includes either depot (DLA-direct) or DVD (customer-direct) shipments, both DoD linear and 2-D bar code markings are required on military shipping labels in accordance with MIL-STD-129, revision P, dated December 15, 2002. 2-D bar coding shall be in accordance with ISO/IEC 15438, ISO/IEC 15434 (ANSI MH10.8.3) and DoD 4500.9-R. MSL linear (code 3 of 9 or code

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## SECTION B

39) bar coding shall be in accordance with ISO/IEC 16388. MSL label stock quality shall meet MIL-PRF-61002. MSL bar code print quality shall meet ANSI MH10.8-2000 or ANSI X3.182-1990 (R2000) for applicable 2-D and/or linear bar codes. All DVD shipments shall meet additional linear bar coding requirements in DLAD 52.211-9008. When the contract/order omits any data element required to be bar-coded, the field shall be zero-filled. These requirements do not apply to delivery orders when the basic contract has not been modified to require MIL-STD-129P. If there are inconsistencies between the schedule and MIL-STD-129P, the schedule takes precedence.

DELIVER FOB: ORIGIN BY: 2005 NOV 29

## PARCEL POST ADDRESS:

W62G2T  
XU DEF DIST DEPOT SAN JOAQUIN  
TRANSPORTATION OFFICER  
PO BOX 960001  
STOCKTON CA 95296-0130

## FREIGHT SHIPPING ADDRESS:

W62G2T  
XU DEF DIST DEPOT SAN JOAQUIN  
25600 S CHRISMAN ROAD  
REC WHSE 10 PH 209 839 4307  
TRACY CA 95304-5000

NON-MILSTRIP  
PROJ UBO

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REMIT PAYMENT TO:

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